

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th day  
1-14-18

70th day  
2-8-18

PRINTED: 11/30/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>POC #1 original</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445373	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  11/28/2017
NAME OF PROVIDER OR SUPPLIER  NORTHSIDE HEALTH CARE NURSING AND REHABILITATION C			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 11/28/2017. During this Life Safety Survey, Northside Health Care Nursing and Rehabilitation was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements and state requirements when necessary		
K 331 SS=F	Interior Wall and Ceiling Finish CFR(s): NFPA 101  Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s).  This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to ensure interior wall surface finishes had a flame spread rating of B or less.  The findings include:	K 331	1. A contractor has been hired to remove all carpet from the walls throughout the facility. The contractor is scheduled to start work on 12/19/2017. All carpet will be removed by 12/22/2017. After which, the contractor will patch and paint the walls. 2. There is no other carpet on the walls within the resident rooms offices etc. 3. Any future remodeling projects will have proper fire grade documentation obtained prior to install. 4. The Maintenance Director will do monthly checks to make sure facility is in compliance for 3 months. Any findings of noncompliance will be presented to the QAPI committee for review.	12/22/17  2/28/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Erika Cable* LNA

TITLE

*Administrator*

(X6) DATE

12/15/17

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>NORTHSIDE HEALTH CARE NURSING AND REHABILITATION C</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>202 EAST MTCS ROAD MURFREESBORO, TN 37130</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 331	Continued From page 1 Observation on 11/28/17 at 9:45 AM revealed the corridor walls throughout the facility had carpet-like material on the lower part of the walls. NFPA 101, 19.3.3.1 (2012 Edition), NFPA 101, 19.3.3.2 (2012 Edition), NFPA 101, 10.2 (2012 Edition)	K 331			
K 351 SS=D	The maintenance director was present when the deficiencies were identified and acknowledged by the Administrator during the exit conference on 11/28/17.  Sprinkler System - Installation CFR(s): NFPA 101  Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to properly install components of the sprinkler system.	K 351	K351  1. All missing escutcheon plates were installed on 11/29/2017 by American Fire. 2. On 11/29/2017, an inspection of the entire facility was performed by American Fire and the Maintenance Technician to identify any other missing escutcheon plates. 3. On 11/29/2017, the Regional Maintenance Director educated the Maintenance Technician on proper monthly inspections. 4. The Maintenance Director will do monthly checks to make sure facility is in compliance for 3 months. Any findings of noncompliance will be presented to the QAPI committee for review.	11/29/17  11/29/17  11/29/17  <i>2/28/18 and ongoing</i>	

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K 351	Continued From page 2  The finding included:  1. Observation on 11/28/17 at 9:50 AM, revealed a sprinkler escutcheon plate missing in the laundry room (washer side). NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 6.2.7 (2010 Edition)  The maintenance director was present when the deficiency was identified and was later acknowledged in the exit conference on 11/28/17.	K 351			
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.	K 353	1. On 11/29/2017 & 12/13/2017, American replaced all corroded sprinkler heads identified. 2. On 11/29/2017, the Regional Maintenance Director and the Maintenance Technician completed an audit of all sprinkler heads to ensure they were all free of any corrosion. 3. The Maintenance Technician will complete a monthly audit of all sprinkler heads to ensure they are free of corrosion. 4. The Maintenance Technician will continue to do monthly checks for 3 months to ensure the deficient practice does not recur. Any findings of noncompliance will be presented to the QAPI committee for review.	12/13/17  11/29/17  2/28/18  2/28/18	